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ADDRESS AT THE OPENING OF THE ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION,

HELD AT CHICAGO, JUNE, 1877.

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President of the Association.

GENTLEMEN: On looking back upon the addresses of my predecessors in this office, I find that the greater number have been devoted to topics tending to improve the practical working of this association. This seems a most fitting plan for me also to pursue. I ask, therefore, your attention to a few suggestions on The Past, the Present, and the Future of this Association.

THE PAST.

Previously to the birth of this association in 1847, the medical profession of these States as a united body did not exist. A few state and smaller local societies had been formed in some parts of the country, but the masses of the profession had not only no coherence, but were actually separated; for, owing often to political ideas at that time prevalent, and to the difficulties of communication either in person or by letter between distant points of our large country, we were, to a certain extent, rather alienated than drawn together. At our first meeting, it was a very curious psychological study to mark out the region of the country from which each speaker came, by his idiosyncrasies of manner and of action, which showed as distinctly the section of country in which he lived, as his individual habits and thoughts. Of course, such a body of heterogeneous natures, which had no distinct bond to unite them, was very hard to manage, as our earlier presidents soon found to their bitter cost.

But what is the fact at the present time? I doubt not many of you, who now hear me, have been equally fortunate with myself and can trace most valuable friendships to these annual reunions; friendships, which could have never arisen otherwise, because no such opportunities for meeting would have offered. My first point, then, in reference to the American Medical Association is that, whereas, before its inauguration, the profession was disintegrated, and members of it knew little of any others than those in their immediate home circle, now, while thinking of the profession, our thoughts embrace men from even the

most distant parts of our common country. This principle of union gains with each annual meeting. We are becoming more assimilated. Local idiosyncrasies are now less manifest; the meetings are much more quiet, and rarely otherwise than perfectly harmonious.

If I had no other reason, these facts would induce me heartily to sustain the association, for their effects on the whole country are excellent. We had proof of this when we saw how quickly and easily the Northern and Southern sections of this body coalesced immediately upon the closure of the civil war. The American Medical Association became, indeed, at that time, one of the strongest ties of these States, and for that very fact deserves from all of us unqualified respect.

ENTHUSIASM PREVALENT IN THE EARLIER MEETINGS.

Those who can look back upon the earlier meetings will recollect that, notwithstanding the disturbances that occasionally took place, there was a fine enthusiasm connected with them. The *élite* of the profession from all quarters of the Union attended and read papers, or took part in the debates. It will, moreover, be well remembered that wine flowed freely at the public and private gatherings, with at times unhappy results to a few. In spite of the disorder observable during our debates, and the improprieties following the abuse of wine, the clash of ideas during the week of the meeting was generally of a wholesome character. The association was borne onward for many years with the same earnestness which marked its birth, and, while it not only cemented our profession, it became, as I have hinted, by its ramifications everywhere through the land, one of the bulwarks of the state and a help towards civilization on this continent.

ITS PRESENT REPUTATION.

But what is its present reputation with the profession? Does that zeal which reigned at our earlier meetings prevail now? If not, what are the reasons for its apparent or actual loss of reputation with many of our best and oldest associates? I think we must admit that our meetings, with perhaps a few exceptions, rarely are carried out with the entire coöperation of the *whole* profession, as they were in the earlier years of our existence. I am sure that the meetings have lost reputation in the Eastern and Middle States. This I know by personal experience with some of our chief associates of Philadelphia, New York, and Boston; I infer that a similar feeling exists elsewhere, because I notice the absence of some of the prominent Western and Southern men. A portion of young physic, aided by some scoffing elders, would brush us away if it could do so, as a hindrance rather than a help to the progress of scientific medicine.

Why is this? I have already alluded to two chief causes of alienation. Men, naturally quiet and hoping to attend sedate scientific dis-

cussions, on important themes, have found themselves, at times among men furiously discussing points of order, or equally vain points on the ethics of professional etiquette. At our social meetings some lost their reason under the fumes of wine.

These facts had a most powerful influence for evil. But other and important causes of lukewarmness, or of opposition, on the part of many have arisen. Among these may be named, —

First. The consciousness, to which the members were very soon, and perhaps most rudely, brought, that their expectations as to what the association was to do for the profession were too high, and the destruction of these hopes seems to have taken away from not a few able men, all hope of future good from the association.

Surely nothing could be more unwise or illogical than this position, against which I would earnestly protest and put the following plea: —

How, I would ask, is it possible for an association which meets only once a year, which migrates from Maine to San Francisco, which annually changes its officers, which allows every one to be a contributor to its transactions, instead of itself seeking the noblest minds of the profession and winning them to labor for it, — how is it possible for such a society to have any real scientific work done at its meetings? It seems to me vain to hope that any such society can, of itself, carry on, to any great extent, fine scientific work. We need frequent, small reunions, or, still better, individual and hard, if need be midnight and solitary work, to enable science to make solid incursions into those unknown regions, where Nature stands always ready to open her beautiful laws to the quiet, patient, truth-loving investigator. I do not mean by these remarks to be understood that I deny to the association all power of *aiding* in scientific progress. Far from it; for I believe that indirectly and by small changes in our mode of proceeding, to which I shall presently allude, we may do much and give an immense impulse to science, while we may be forever unable, at our meetings, to add one iota to the stock of human knowledge.

Second. Another reason why the association has lost reputation, is the fact that its general meetings of the early days, and its sections of late years, have been often used for the presentation of papers or remarks from individuals, smitten with the *cacoethes scribendi aut loquendi*, and we have not always had the ability or the will to check them. Many of their victims have asked themselves the very pertinent question, Does it really pay me to travel perhaps a thousand miles to hear such papers or debates as these? You may be well assured that such persons have not often returned, after having been once or twice so victimized. They do not feel that the number of honorable and able men, who may not say or write a word, but whom they can meet and converse with, or perhaps form the closest friendships with, will amply repay them for many hours of *ennui*, inflicted by others.

Third. Still another reason for dislike to our association may be found in our Transactions. They have been too bulky. We are not led to look into them, with the certainty of adding to our stock of knowledge. Doubtless, many grave and admirable discourses may be found therein, but it seems to some of us that the amount of real knowledge, gained from them, is inversely as the cubes of their bulk.

Papers have been read in the sections, without protest, and some have been actually printed in our Transactions, which had been previously printed elsewhere.

Agassiz once said to me, "Most of the chief works, which have marked eras in the progress of European science, have been contained in pamphlets."

During the Middle Ages a huge folio carried with it immense intellectual power, and honest scholars of those days borrowed a volume on one Christmas Day and returned it the next, devoting a whole year to the study of its voluminous pages. But now, a huge volume repels by its very bulk, and I much fear that our Transactions, heavy as they are physically and often intellectually, and all unindexed as they are, have tended to depress more than to excite the enthusiasm of readers, and that depression has lowered the reputation of the association.

Fourth. Another very serious cause of complaint is that, led by violent partisans, the association has, at times, unwisely passed resolutions, thought to be quite insulting to large communities, or pledging the association to one opinion or another upon very mooted questions, on which the association was imperfectly informed, and by the passage of such votes we were all compromised.

Fifth. Among the objections urged recently, the last I shall name is the following, which seems to be a singular one for an American to offer, namely, that the association is too democratic.

The reason for this opinion is the vote we passed a few years since, taking from the colleges and hospitals their rights of special representation in this body. That vote only brought the rules of our association into proper relations with the fundamental ideas, underlying our nation, instead of any longer allowing them to foster class feeling, which was aroused by our giving to the colleges and hospital staffs an extra number of representatives. But I feel sure that no one intended, by that vote, to show disrespect to the professors or the hospital staffs.

There cannot be a doubt that, if they choose to take an interest in the meetings, these gentlemen would be as often sent representatives to this body, by the societies to which they belong, as they were by our previous rules designated by their respective faculties. I cannot think that this objection can have had much weight even with the few. But, however small or wide may be its influence, the surest way to overcome it is to prove, by our own works, that we are worthy the support of the most learned professors among us.

I regret to feel compelled thus to allude to the short-comings of our association, but I know of no better way to make improvements than by looking fairly at our failures. Moreover, I have the fullest faith that we can easily, if we choose, remove all prominent objections, and, at the same time, put new vigor into the association. This may be done by carrying out some plans already adopted, but which have not, as yet, had time to bring out their best results, and by the adoption of suggestions, which circumstances may seem from time to time to lay before us. I propose to lay before you one or more such much-needed changes.

THE SECTIONS: WHAT THEY DO AND WHAT THEY CANNOT ACCOMPLISH.

The sections, if they would always do their duty, would prevent our transactions from being burdened by papers of small value.

But important as the sections have been, and as they will always be in other respects, I think that hereafter, as heretofore, want of time and often want of moral courage will prevent them from performing their duty as critics. They will therefore fail to keep up the highest standard of scientific statement on the part of our writers. No one likes to criticise a communication, even when it is patent to all, except perhaps to the writer, that the time of the meeting has been nearly, if not quite, wasted during the perusal of it, and that a recommendation for its publication would be a gross dereliction of duty on the part of every member of the section. Such publication may, occasionally, be prevented under the leadership of one or more men who, asking for no favor, and looking only to the conscientious performance of duty as critics, appointed in fact by this association partly for that express object, may dare frankly to express their opinions of any and all papers that may be read. But we cannot always have this. How can we hope for it, when we remember the number of papers presented, and the brief period of time we shall always have for careful and discriminating consideration of their contents?

In admitting this failure on the part of the sections, I do not admit that they have failed of doing very great services to this whole body. I cannot sufficiently express my estimate of their value in many other directions. A certain amount of critical acumen, of course, they will always have, but the question recurs, Will they each year and in every section *always* be able, even if willing, to decide upon the publication of communications, which are hastily and perhaps only in part read? My estimate of human nature, and my observation of the workings of the sections forbid me to believe that we can ever hope for this desirable result. To meet this difficulty, I would advise that we adopt the wise regulations established by the Smithsonian Institution, namely:—

First. To publish nothing but that which, after being read at the

sections and approved by them, shall have been also submitted to the critical eye of experts, whose names shall be unknown, and whose decision shall be final, in regard to the publication of any paper in our volume of transactions.

Second. We should declare, as our rule for the guidance of said experts, that no paper should be deemed worthy of publication in our transactions unless, —

- (a.) It gives something new to medical science, or
- (b.) Unless it present an analysis, or such a new or lucid arrangement, of facts, already wholly or in part known, that the profession will be greatly aided thereby.

I hope these suggestions will be referred to a special committee or to the judicial council for consideration, with directions to report before the close of this meeting.

JUDICIAL COUNCIL.

The most important measure ever adopted by the association was the establishment of the judicial council in 1873, of twenty-one members, each member to hold office for three years, and seven annually to retire. Chosen as representatives of the whole profession of the United States, to them are referred "at once, without discussion, all questions of a personal character, including complaints and protests, and all questions on credentials, after the report of the committee of arrangements or other presentation."

This council has been of incalculable value. If it had been thought of earlier it would have saved us from many of the turbulent scenes of former days, which, as we have seen, tended to alienate some of our ablest associates.

A STANDING COMMITTEE ON SCIENTIFIC COMMUNICATIONS PROPOSED.

To this judicial council I would urge you to refer the following proposition, namely: —

The propriety of having, as a standing committee, one on the procuring of scientific papers, for each annual meeting, from the ablest men who can be found in the various sections of the country. Such a committee has been of great value to the meetings of the Massachusetts Medical Society, as I well know from its operations during many years past, and therefore I urge your adoption of a similar plan. This committee would not, of course, prevent the presentation of voluntary papers, but I would establish the rule that the papers and writers, recommended by the committee, should generally have precedence. The committee should be small, say five, each holding office for five years, one leaving annually. They might be originally selected by the judicial council, and, each year, a new one selected, by the same body, to fill the place of the person who retires. Each one in turn should serve as

chairman, in his last year of service. I would have on this committee one or more of the older men of the profession, but the majority I should hope would be earnest, accomplished, scientific, middle-aged or young men.

The committee should hold its sessions, each year, during the week of the annual meeting of this association, and, if possible, should select the best men at one meeting, and engage them to prepare papers for the ensuing one.

If it did its duty thoroughly, it would select the wisest and best representatives of the science and practice of medicine and surgery in America. Communications from men thus chosen would undoubtedly render our reunions much more interesting to all, and would raise the standard of medical learning. Months before each meeting of the association, due notice in the medical journals should be widely given of the names of the writers, and of the nature of the papers to be presented. Thus every member of the association would know of them long before their presentation, and could prepare himself for abler discussion of the topics involved. This information would also induce a fuller gathering, and livelier discussions.

All these papers should be afterwards referred to experts, as stated above. If any author, feeling aggrieved by an adverse decision from the experts, should publish elsewhere his communication, he might, in his preface, point his wit at our expense. It would not injure us, if, in our endeavors to winnow out the chaff, we should sometimes throw away a few perfect grains of wheat.

OUR SOCIAL MEETINGS.

Among the most agreeable memories I have of our meeting at Louisville, in 1875, is the fact that all our public entertainments were conducted on temperance principles.

This was peculiarly significant to dwellers outside the limits of Kentucky. To have had such a noble example, set in the land whence comes the famous "Bourbon" whisky, was indeed a triumph for true temperance. Hereafter, we cannot do better than follow the lead of Louisville in two respects, namely: —

First. In its abstinence from all intoxicating drinks, and

Second. In the invitation it extended to woman to meet with us in social intercourse.

But I would go a step farther, and would recommend that the association should itself now take the highest ground against the use of intoxicating drinks at its meetings hereafter.

It seems to me that every one of us, even if he disagrees to the proposition of total abstinence, and regards a prohibitory law as simply impossible, would be willing, at these meetings, to forego the use of any stimulant, for the sake of not leading some weaker brethren into mis-

chief, and because such a position, taken by this great association, would have a most important, though indirect, effect on the noble cause of temperance throughout the land. I would submit, therefore, whether we, as a body of physicians, believing in a true temperance, although varying in our views of what that may mean, should not declare that hereafter we will respectfully but decidedly decline any public or private entertainment, for our whole body, where intoxicating drinks are to be offered.

I sincerely hope that you will request the judicial council to consider, at this meeting, this subject, and if it be deemed wise, that a manifesto upon it should be prepared by the council, which shall hereafter be our guide upon this important matter.

There are two other suggestions which I will make in this connection, and which, it seems to me, if carried out would be of benefit to the association:—

First, I wish every honorable, well-educated physician in the United States to feel an interest in, and to be a member of, this association by the very fact of his having become, by proper education and examination, such a physician. In some state medical societies the county societies, by their censors' examinations, have the right to admit members to the local society. That diploma makes the receiver of it a member of the state society. In like manner I wish that every member of a state society should become, what is now called a permanent member of this association, and he should have the same rights that permanent members have now. This alteration of our constitution would immediately place this association in relations, with the young physicians of the country, much more satisfactory than those existing under our present rule.

Second. I wish we could still further vary from our present plan, and make the representation at our annual meetings smaller; for example, if each society could send a representative for every twenty, or perhaps every thirty of its members, when the society is a large one, instead of every ten as now allowed. If we had this smaller representation, the honor of being a delegate would be higher, and doubtless the plan would tend to induce the best men of the profession to be willing to accept the office of delegate, which is certainly not the fact, at present, in many places.

UNION OF THE AMERICAN MEDICAL ASSOCIATION WITH THE CANADA MEDICAL ASSOCIATION.

At the meeting in Louisville, in 1875, in accordance with a suggestion from the Canada Medical Association, "that, in consideration of the true interests of medical science, it is desirable that a medical conference should take place between the American Medical Association

and the Canada Medical Association," it was voted by the American Medical Association "that a committee of thirteen be appointed, whose duty it shall be to confer with a like committee of the Canada Medical Association at such time and place, as may be agreed upon by the joint committee of the associations."

That joint committee met in Philadelphia, the first week in September, 1876, at the hall of the Jefferson Medical College, about one third of the committee being present. On motion of Dr. Gross, Dr. Grant, of Canada, was chosen chairman, and Dr. W. B. Atkinson, of Philadelphia, secretary. Some time was spent in informal discussion as to the wishes of the members of the two associations, as to the possible joint meetings of the two at certain places and times, and a desire was expressed by some of the committee for a permanent union of the two bodies. Finally it was unanimously voted that "a union of the two associations into one is desirable, and that the presidents of each be requested to bring the subject before his own association, and present his own views upon the matter, in order that the question may be fully discussed, and action taken thereupon by the members, at their next annual meeting." In accordance with this request, I propose the following as some of the arguments against and in favor of the proposed union:—

First. The already large dimensions of the American Medical Association, and the difficulty of making so unwieldy a body a real working society, seem to contraindicate the proposition of union. If the American Medical Association be already too large, as it certainly is in the estimate of many persons, why make it a quarter or a third more bulky by the addition of new members, and from a different country, having somewhat different tastes and habits?

Second. However desirable it would be to unite with the intelligent men of the Canada Association, it may be asked, by others, whether the fact of two languages being used throughout Canada will not tend to make joint meetings objectionable.

Third. The difficulty of arranging the expenses of the united body, of course, would be somewhat greater than it is at present.

Fourth. Objections might be made to the fact that the places for holding the annual meetings may be, one year so far distant from that of the preceding, that the members of one or the other association would, practically speaking, have, at times, no annual conference.

These are all the objections I have heard urged against the proposed union. Some of them seem to me grave, and as such should be gravely weighed.

In favor of the plan I find the following reasons:—

First. We should associate ourselves with a body of physicians, all of whom have been educated under English influences, and many of

whom have pursued their studies in England, and have received diplomas from the schools of that country. We all know the high standard of qualifications, required by the British schools.

Second. Why may we not look upon such a connection as quite similar to that, which has frequently taken place and which will occur hereafter, when a new State in this Union is formed?

In that case, if a state medical society be organized, it has a right to send delegates to this association. The only difference, in the two cases, would be that Canada embraces a very much larger constituency than any of our new States would have.

Third. I am inclined to look with favor upon the proposed union from the stand-point of civilization itself. There can be no doubt, as already stated, that this American Association has been a great means for promoting good-will between the different sections of the United States. The proposed union with Canada will tend much towards the reuniting of two of the freest nations on the globe, and certainly civilization can get only good from such coöperation. All means that we can bring to unite mankind I hail with delight.

Fourth. I will allude to what would give me and, I doubt not, many more, great pleasure. I wish the united professions to meet in the old cities of Montreal and Quebec, and pass up and down the noble Saint Lawrence, magnificent as it is in the length, depth, and breadth of its waters, and still more fascinating from its early associations with European civilization. I would like that we should all stand on the scarred battlements of Quebec, and I think perhaps we, of this country, might learn a divine lesson of magnanimity after war, if we could together look at the obelisk, erected by the graceful action of the British government, to the joint memories of Wolfe and Montcalm, two brave soldiers, antagonists in battle, but, in death, joint heirs in the memories of mankind.

These are some of the reasons for and against an organic union of the two associations. It will be seen that none of them militate against occasional joint meetings, at selected sites, convenient to both parties. I am not prepared to advise any course, but suggest that the whole subject be referred to the judicial council, with directions to report during this meeting, upon the feasibility of the union or, instead thereof; of biennial or quinquennial congresses of the two bodies; and, if the council approve of either of these measures, it be further directed to nominate a committee to meet a similar one, to be chosen by the Canadian association. This joint committee should be requested to draft some plan for meetings, either annually, or at longer intervals, said plan to be submitted to the two associations for acceptance, emendation, or rejection, at some subsequent annual meeting of the two bodies.

THE AMERICAN PHARMACOPŒIA, AND THE RELATIONS OF THIS ASSOCIATION TO IT.

Last year, after a speech from Dr. E. R. Squibb, of Brooklyn, N. Y., certain resolutions were offered by him, embodying the following questions:—

First. Whether the decennial plan of publication of the United States Pharmacopœia be practically sufficient for the present time, and whether any plan better than the present could be devised?

Second. Whether the association be the proper custodian of the interests involved in the National Pharmacopœia, and proper source of the National Codex, and whom can it invite to coöperate with it in the work?

Third. If it be the work of this association, in what way can its details be wisely undertaken with any prospect of material improvement upon the present plan?

Fourth. In order for mature deliberation, the matter be laid over for one year and the president be recommended to consider it in his annual address.

In accordance with this last vote I propose to address you a few words. Previously to 1808, no recognized American Pharmacopœia existed. In that year, the Massachusetts Medical Society published one, grounded on the Edinburgh Pharmacopœia. The Massachusetts publication never attained a national reputation, and was not continued. In 1820, the plan, at present pursued in the publication of the American Pharmacopœia, was adopted. The first work published at Philadelphia did not meet with a hearty recognition by the country, and in 1830, when the second issue was made, it was met by one from New York, and for the time being there were two pharmacopœias, each seeking for a national reputation.

Fortunately for that published at Philadelphia, which was the manuscript offered by Drs. Wood and Bache, those gentlemen published a larger work, grounded upon the Philadelphia Pharmacopœia, and not only explaining that, but giving a great number of articles and preparations, unknown to the Pharmacopœia, though thought valuable by many of the profession.

It is believed that this work, which every physician in the country needs and uses perhaps daily, saved its companion, the Pharmacopœia. The New York Pharmacopœia has never been continued. The American Pharmacopœia has existed to the present time, and professes to be the national standard, everywhere admitted. The method pursued in regard to this publication seems not only eminently fair, but *a priori* one would think that it would be very likely to succeed. It is as follows: Every ten years since 1820, a convention has been held in Washington; and, in the month of May of the last year of each decade, the

president of the previous convention, or in case of his death, other officers having the same rights, issues a call requesting all the incorporated medical colleges, incorporated colleges of physicians and surgeons, incorporated colleges of pharmacy, throughout the United States to choose delegates, not exceeding three, to attend a general convention to be held in Washington, in May of the following year. This convention has usually decided on all points, connected with the Pharmacopœia, and has published it. The next call will be made in May, 1879, and the convention will be held in May, 1880.

Five conventions have been already held.

Two of them have passed since this association was instituted in 1847. This association has never taken any action relative to them, —

First. Because it has never been invited to do so, and

Second. Because, according to the very terms of the call of the convention, we really have no right to attend; for it will be remembered that delegates from *incorporated* societies alone are invited.

This association has never been incorporated. It will have no right to send delegates to the next convention, even if it wish to do so, except under one or more of these three contingencies: —

First. That we procure an act of incorporation from Congress before May, 1879.

Second. We may choose delegates and at the meeting of the convention in 1880, they may ask to be admitted. I think that body would not refuse to receive delegates we may select.

Third. We may follow a plan suggested by Dr. Squibb, namely, appoint a pharmaceutical council of this association, consisting of five members to be chosen as follows: The president should be chosen by this association. The army and navy of the United States should select two more. The American Pharmaceutical Association, which in this case is considered only a branch of the medical profession, should select the other two.

If this were done, it is surmised by the friends of the measure that the convention would either not be summoned in 1880, or that it would resign its powers to this new council. Whether this association should accept either of these propositions I am not prepared to say, until I have further information. I wish to know the views of the officers of the convention which is to be held in 1880. I do not see how the last president of that body can, conscientiously, refuse to issue his call for that meeting. I think, moreover, that there should be some conference with the publishers of the Dispensatory. Before we have had some such conference with the principals, who have for forty years carried on that work, I do not see how this association can, with much hope of success, take action in the premises. It may be asked why we are called on to interfere at all in the matter of issuing a new pharma-

copœia. What complaints are there to justify our undertaking to do so? I have consulted eminent druggists and have perused the long and able discussions in the American Pharmaceutical Association, and find the following are some of the chief points of complaint against the Pharmacopœia as at present published:—

First. It is not cosmopolitan enough. It fails to give many excellent preparations, for example, that might be taken from other countries.

Second. Another complaint is that the publication of the Pharmacopœia only twice in a generation is too infrequent, and the demand is made that, every year, at least a pamphlet should be issued containing new formulas, from which selections should be subsequently made and embodied in the decennial Pharmacopœia. This is the plan followed by the Pharmacopœia Germanica, the authorized codex of the German Empire.

It is similar to the plan proposed in the American Pharmaceutical Association, but, in this latter case, every six months is the time at which it is suggested new issues might be made. It seems that the last convention voted that this should be done, and it was ordered, and the complaint is made that the publication committee failed to carry out the vote of the convention. Some persons complain that the present weights and measures, used in the Pharmacopœia, cannot be easily adapted to the decimal system, and that a better method would be to use that of the German Pharmacopœia, namely, of parts and fractions of parts.

Third. It is objected to the present arrangements that, although apparently a convention is called and rules and orders adopted, these orders are not attended to, and the result is we have no real national Pharmacopœia and no national codex of authority, — that each druggist makes the officinal preparations according to his own formulas, stronger or weaker than is authorized. I think there is some truth in this assertion, and it is lamentable that such should be the fact.

Finally. It is said that while the Dispensatory and the Pharmacopœia purport to be mutually supporting, and that the former illustrates the latter, such is not really the fact, of late, and the Dispensatory of 1870 fails to meet the edition of the Pharmacopœia of that year (Dr. E. R. Squibb's letter of November 26, 1876). To meet these and perhaps other objections, Dr. Squibb's plan is brought forward.

Another plan is proposed by the Chicago College of Pharmacy, which, by request of the college I lay before you, namely: that the convention which will meet in 1880 should choose two committees, one of physicians, the other of druggists. The physicians should say what remedies should be used, and give the form in which they should be prepared. The duty of the pharmacists should be to make "the formulas and direct the processes for all preparations, named by the committee of physicians." A publishing committee, consisting of a part

of the other two should secure the early publication of the Pharmacopœia, and that committee should have full powers to make any revision required, if either of the other committees failed to do its proper work. The object of these suggestions is obviously to give to physicians the right to say what the remedies shall be, which the pharmacist will prepare. One objection to this plan is this, that most of our modern preparations are made by druggists alone, and subsequently used by physicians. It would not therefore, as I think, be well to try to limit the druggists in the preparation of their remedies under the direction of any single committee of physicians. If we did it, even if we could do so, I fear we should lose many new and valuable preparations now frequently sent forth by druggists, which can never be objected to, provided the physician knows, while prescribing, the quantity and quality of each medicine, given in any particular formula.

But these objections and suggestions refer, of course, merely to the Pharmacopœia. To the Dispensatory, they cannot be applied. That is a private and very remunerative work, most valuable to the profession, more valuable than any Pharmacopœia, unless we very materially modify the present form and character of the latter work. I can readily conceive of the two books being combined, and indeed that would seem to some a very desirable object. But the question is whether that can be done, at present, in this country. The Dispensatory, even if it do not always correspond with the Pharmacopœia, is exceedingly valuable to those who publish it under a copyright. The editors are already preparing to bring it up to the highest standard, under the direction of two of our ablest physicians. That copyright runs, I believe, several years longer. I hardly fancy that, at present, any one could ask the venerable proprietor to forego the advantages, which have accrued and will accrue to him, for many years, from the great sale annually made of that work, and upon which he has expended so much intellectual labor, during so many years, and greatly to the profit of the whole profession.

The question comes up now before us, What, if anything, shall this association do in the premises?

In replying to this I beg leave to lay before this association the protests of the Philadelphia County Medical Society, of the Philadelphia College of Physicians, and of the Philadelphia College of Pharmacy against any action by this body in the premises.

These should be respectfully received, and duly weighed in any decision we may arrive at.

Obviously, it is for the best interests of the association to have an American Pharmacopœia of the highest character. Is the association prepared to publish one of its own? I certainly cannot advise this course. Nor am I prepared, at present, to urge upon you the adoption of either the pharmaceutical council proposed by Dr. Squibb, or the plan

suggested by the Chicago College of Pharmacy, or by any other society or individual. We want more light upon the subject before entering upon so important an undertaking, which, if not carried forward with extraordinary success, would, I fear, prove a most disastrous failure. I doubt if any publication of our own, even if supported by army and navy and colleges of pharmacy, however learned and complete, would be able effectually to cope with the *bonus* of the good name, gathered by the present Pharmacopœia, sustained as it has been by the Dispensatory during the past fifty years. Certainly, we have not seen any such rapid sale of our publications hitherto, that we could come before the community with great hope of success in any new undertaking. Moreover, in such a contest we must remember the powerful private vested rights, which would necessarily be brought to bear on any new and apparently rival publication. But it may be again asked, Shall this association do nothing in the premises? I think it may do much. As the only representative body of the medical profession of this country we are bound to do everything in our power in the premises, and to demand that our National Codex shall be as perfect as it can be made. But do we not all, as I have already intimated, want more information upon this subject before taking definite action?

I would advise that a committee be appointed at this meeting to consider every matter connected with the Pharmacopœia. Said committee should communicate with the officers of the convention, that is to be held in 1880, with the publishers of the Dispensatory and Pharmacopœia, with the American Pharmaceutical Association, and with any others interested in the subject, and report the result of such inquiry to this association, at its next annual meeting, with resolutions for any action on our part, which may be deemed appropriate.

Before closing, allow me to allude, most briefly, to three objects which I trust will be deemed important for the association, either as a body, or by means of its individual members, to act upon:—

First. I refer to the committees appointed by this association to urge upon the different States the importance of the establishment of state boards of health. I am happy to learn that very efficient work is doing for this object, in several States, by these committees. It should be continued, without abatement, until every State has its board of health.

Second. I want to propose to every member of this association, whether present at this meeting or otherwise, the importance of his conversing with, or writing to his representative in Congress in relation to the museum and library, now collecting under the charge of the surgeon-general of the army.

You all know the high honor conferred upon this country by the museum. It should be well sustained and augmented. That cannot be, without constant aid from the national exchequer.

The library is perhaps less known, but it is the largest in the United States. It is most valuable for every practitioner in the United States, for, by the liberality of the officers in charge, every honorable physician has access to it, and can there find ample means for studying, in any department of medical learning. Let your senators and representatives know annually, if need be, that any cutting off of pecuniary supplies from either of these great establishments is just so much of a retrograde course in human progress, for I deem it a self-evident proposition, that, unless the medical profession advances, in a manner commensurate with its high mission to mankind, civilization itself suffers an incalculable loss.

Third. Upon the question of the proper disposal of the interest from the funds, which may be collected to keep alive the memory of our great, first ovariectomist, Caldwell, and which may arise at this session, I have received an excellent but anonymous communication. The writer very justly objects to the narrow ground, on which it was originally proposed that premiums should be given: namely, only to "writers upon the uterus and its appendages." He suggests that they should be given, from time to time, to any persons "who have confessedly promoted the welfare of mankind by original conceptions, essays, or contributions whatever" to medical science.

While I deem this proposition a good and a liberal one, I would ask whether the subject of gynecology, in its broadest sense, would not satisfy the desires of both parties, inasmuch as, under it are included not only uterine, but much of general human pathology.

Gentlemen, I have thus briefly reviewed the past and present condition of this association. I have but little to say of its future. That depends entirely upon the way in which physicians, especially the young scientific physicians of the present hour, do their duty towards it. If our best men will not come up to its meetings, and work for the common good of all; if they stand aloof, uttering vain complaints of the inferiority of our work, or actually scoffing or sneering at us, we shall accomplish less perhaps, hereafter, than we could wish. But if we, who, year after year, attend these gatherings are determined that, so far as in us lies, nothing but what is excellent shall be allowed, and that our publications shall be sifted, by trained experts, of every iota of dross, then we shall be sure of doing a really noble work, and shall be able eventually to claim and to get the respect of the whole profession. I feel assured that all gloomy forebodings are out of place.

The association is gradually and healthfully growing stronger. Each year, it will have new young life instilled into it. Thus it will have combined in it, perpetual youth, a stalwart manhood, and, as I sincerely trust, a genial old age.

RECENT PROGRESS IN DERMATOLOGY.

BY JAMES C. WHITE, M. D.

Molluscum Contagiosum.—Simon¹ made a communication to the Physiological Society of Berlin upon these strange growths, in which he expressed the opinion that they are in no way connected with the cutaneous glands and hair follicles, but that they consist of a hyperplasy of the rete mucosum. This view of their nature, now adopted by several observers (see former reports), confirms, in his opinion, the theory of independent action on the part of the rete in many processes in cutaneous pathology, as originally proclaimed by Auspitz, which deserves more attention than it has yet received. Simon finds that the so-called condyloma subcutaneum possesses the identical structure of molluscum contagiosum, containing the same characteristic bodies, and he would apply to both of them the name introduced by Virchow, — epithelioma molluscum.

Heat Eruptions.—Dr. Bronson,² of New York, publishes a very interesting and instructive article on certain prevalent skin diseases of the summer of 1876. He describes very graphically the considerable variety of types of eruption, from the trivial and fugitive "heat rash" to the gravest forms of furuncle, which prevailed so commonly in the intense and memorable heat of that season. Always abundant in dispensary practice in our hot months, they attained an unusual development and intensity at that time.

The Ætiology of Psoriasis.—Professor Köbner,³ of Breslau, expresses the opinion that there is a peculiar disposition seated in the cutaneous structures of patients who have psoriasis, which is mostly hereditary, but sometimes acquired, may remain latent for years, and always shows itself in this chronic inflammation of the skin as the result of the most various kinds of local and internal irritation; just as other skins show their respective vulnerabilities under different exciting causes in the form of fluid transudations, as urticaria, eczema, and pemphigus. This view explains, he thinks, the favorite situations of the first outbreaks of psoriasis, the temporary effect of the local destruction of individual efflorescences, and the strong tendency to relapse. Treatment should be directed to the reduction of this vulnerability of the whole skin. He thinks that this peculiarity of the skin in developing new patches of efflorescence upon the seat of a wound may be made use of to distinguish the disease from scaly syphiloderma, as he has never succeeded in producing a new eruption of the latter by artificial impressions, as by scratching, etc.

¹ Vierteljahrsschrift für Dermat. und Syph., iii. Jahrg. 3 Heft.² Archives of Dermatology, January, 1877.³ Vierteljahrsschrift für Dermat. und Syph., iii. Jahrg. 4 Heft.

Neumann also reports¹ three cases in which, after eczema, a psoriasis developed itself upon the affected portions of skin.

Wertzdorff,² of Berlin, reviews in an article the opinions which have prevailed among the writers of various countries and times concerning the causes of this affection, and concludes that nearly all of them are without foundation. The only factors which he considers to be of positive influence in its production are hereditability, and mechanical, chemical, and other irritating agencies working upon skins thus predisposed.

Pityriasis Rubra Universalis. — Dr. Hebra, Jr.,³ reports three cases of this rare disease. One of them was under observation 1324 days, and died finally of pneumonia. During this period the patient was subjected to thorough and prolonged treatment by various methods, but none of them affected in the least the course or character of the disease. Among them, arsenic was administered to the amount of four hundred grains. The skin in all the cases was found to have completely changed its normal structure, and to have undergone atrophy after a chronic inflammatory cellular infiltration.

The Treatment of Eczema. — Taylor,⁴ of New York, in an admirable clinical lecture upon the management of this affection, in which the most particular directions for the use of local and internal remedies are given, advises the persistent administration of cod-liver oil in bad cases in children, especially when the eczema is attended with much sero-purulent exudation. He gives with it some preparation of iron, considering the ammonio-citrate by far the best. With regard to arsenic, he thinks that very few cases of infantile eczema need it, and that it will seldom, alone and unaided, cure. He uses it, therefore, only as an adjuvant, and in chronic, non-inflammatory stages of the disease. For cutaneous irritation in general he advises the administration of ten grains of chloral hydrate with twenty or thirty of bromide of potassium, to be repeated if necessary, and locally a mixture of chloral hydrate and camphor rubbed together with a few drops of glycerine, as recommended originally by Dr. Anderson.

Ætiology of Scabies in Man and other Animals. — Meguin,⁵ *lauréat de l'Institut*, publishes the following conclusions from his observations: —

(1.) The scabietic acari of the genus *chorioptes*, which are peculiar to young domestic animals and to some wild species, emigrate with difficulty from the regions they occupy, do not acclimatize themselves upon adults of the same or animals of other species, nor upon man. In

¹ Beitrag zur Ätiologie der Psoriasis. Allg. Wiener med. Zeit., January 2, 1877.

² Vierteljahrsschrift für Dermat. und Syph., iii. Jahrg. 3 Heft.

³ Vierteljahrsschrift für Dermat. und Syph., iii. Jahrg. 4 Heft.

⁴ American Clinical Lectures. Edited by Seguin. Vol. II., No. 11.

⁵ Annales de Dermat. et de Syph., tome viii., No. 2, from Archives générales, December, 1876.

other words, chorioptic scabies cannot be transmitted from young animals to adults, or to those of other species, including man.

(2.) Scabietic acari of the genus *psorotes* acclimatize themselves easily and quickly upon animals of the same species, whatever their age, but not upon animals of different species, nor upon man; that is to say, psorotic scabies of animals is not transmissible to other animals than the original hosts nor to man.

(3.) Scabietic acari of the genus *sarcoptes* acclimatize themselves with the greatest ease upon animals of the same species of any age. Some varieties of species of this genus acclimatize themselves with considerable ease upon animals of different kinds, assuming finally the characters of the varieties peculiar to the latter; such is *sarcoptes scabiei*, variety *lupi*, which easily acclimatizes itself upon man and the horse; such is the variety *ovis* of the same species, which acclimatizes itself readily upon the sheep, the moufflon, and other ruminants, and perhaps man; such, finally, is the *sarcoptes notædres* of the rat, which acclimatizes itself upon the cat, the coati, the rabbit, and the horse.

(4.) Finally, there is only one certain way of recognizing upon men or other animals whether the scabies they have is of that kind peculiar to themselves or one transmitted from another species, that is, the exact determination of the specific zoölogical characters of the acari they harbor.

Treatment of Acne with Sand. — Ellinger¹ states that he has obtained remarkably good results in simple and rosaceous acne by washing the affected parts with soap and water and allowing them to remain moist for half an hour. Moistened sand is then rubbed in for a short time, according to the tolerance of the skin and the necessity of the case. The sand adhering to the skin should then be brushed off. This process should be repeated daily. The sand should be regular in size and free from lumps. (See notice of Professor Auspitz's use of sand in our next number.)

Impetigo Contagiosa. — Geber² describes two cases of this affection, in both of which he found unmistakable fungous elements. He expresses the opinion, therefore, that the cases thus designated by Fox and others, and called impetigo parasitaria by Kaposi, are one and the same affection, and are merely tinea tonsurans vesiculosus of unusual form. That ringworm may rarely assume appearances resembling those ascribed to so-called impetigo contagiosa is possible, perhaps; but that all cases of the latter are simply modified forms of tinea tonsurans we do not believe.

Ecthyma. — Muselier³ offers as the result of his extensive study of

¹ Archives of Dermatology, April, 1877, from Wiener med. Woch., No. 45, 1876.

² Vierteljahrsschrift für Derm. und Syph., from Wiener med. Presse, Nos. 23, 24. 1876.

³ Étude sur la Valeur séméiologique de l'Ecthyma. Paris. 1876.

this affection, especially of its relations to syphilis, the following conclusions:—

(1.) Ecthyma is an affection rarely idiopathic, nearly always secondary.

(2.) Acute ecthyma in the majority of cases is the result of local irritations, and is one of the most frequent and important symptoms of parasitic affections.

(3.) Chronic ecthyma is sometimes the result of causes of external nature, but is always connected with causes of a general nature. The former play the part of occasional, the latter of predisposing causes.

(4.) Chronic ecthyma is a frequent complication of all conditions characterized by cachexia, chronic diseases, grave fevers, debility resulting from bad hygienic conditions, etc., etc. It may also show itself as a critical phenomenon, or in the course of certain affections of the nervous systems.

(5.) Ecthyma is one of the gravest cutaneous manifestations of syphilis, its gravity being dependent on the character of the ulceration, and it is found only in persons profoundly impressed by the disease or by serious intercurrent affections. The occurrence of cachectic conditions has a marked influence upon the development and course of syphilitic ecthyma.

(To be concluded.)

ANNUAL MEETING OF THE AMERICAN GYNÆCOLOGICAL SOCIETY.

MAY 30, 1877. The American Gynecological Society held its second annual meeting in the hall of the Boston Society for Natural History May 30th, 31st, and June 1st.

The president, DR. FORDYCE BARKER, called the meeting to order.

DR. STORER welcomed the fellows to Boston, and expressed the wish that the present meeting might be as successful as the first had been. The secretary read a number of invitations which had been extended to the fellows of the society during their stay in Boston.

DR. CHADWICK read a paper on the Function of the Third Sphincter Ani.

The second paper was read by DR. JOHN BYRNE, of Brooklyn, on the Excision of the Cervix Uteri, its Indications and Methods. The writer alluded to the three principal methods of treatment now generally practiced, namely, the scissors or knife, the *écraseur*, and the galvano-cautery. The latter was by far the best method of operating, although a dangerous hæmorrhage might ensue if the wire were overheated and the parts in consequence cut too rapidly. In all cases the stump should be carefully examined, and any spot not thoroughly charred should be touched with the wire heated to only a dull red heat. He did not believe that any marked narrowing of the cervix ever fol-

lowed the use of the galvano-cautery. He especially recommended an excision of the cervix in all cases of hypertrophic elongation, or in cancer involving only the cervix.

DR. GOODELL preferred the galvano-cautery in these cases, although he had seen fatal results from its use. In one case a severe attack of peritonitis followed the operation. In two cases a secondary hæmorrhage had proved fatal. He had never seen any occlusion of the uterine canal follow the operation, although he had seen a marked occlusion after the use of nitric acid and even the simple introduction of a sponge-tent. He thought that the use of the cold wire had, however, this advantage, that it better allowed the mucous membrane to be subsequently brought over the amputated surface. He objected to the use of the phrase cancerous cachexia, and did not believe that such a condition was necessarily a contra-indication to the operation. Moreover, the fact that the uterus is fixed in its position does not necessarily prove that the cancerous disease has actually invaded the adjacent tissue, but it may be due to the fact that a sympathetic inflammation has arisen in the adjoining parts. He had operated in one case of cancer of the cervix in which a period of three years has elapsed without any return of the disease.

DR. SCOTT did not think that there was such a frequent necessity for the operation as we were led to believe by the writer of the paper. When necessary, the operation by means of the scissors, a tourniquet being first applied, was far preferable to the use of the galvano-cautery, which was sure to be attended by a marked constriction of the uterine canal. A case of simple, uncomplicated elongation of the cervix uteri was extremely rare. In cases where the operation is performed the result too frequently follows that the uterus is left unsupported, and there is consequently a marked tendency to retro or ante version. Even if the hypertrophy be removed, he believed it would sooner or later return.

DR. BYFORD did not believe that the operation ~~over~~ was successful, except possibly in cases of epithelioma. It undoubtedly relieved the symptoms for the time being, but the disease was sure to return. He thought that in many cases a satisfactory although of course a temporary result could be obtained by scraping out the diseased tissue.

DR. NOEGGERATH said he had performed this operation forty-one times. In two cases in which he had operated with the scissors he had seen a profuse hæmorrhage. In two cases performed by the galvano-cautery a secondary hæmorrhage had taken place. Two of the operations had been followed by perimetritis. In two cases he had seen a marked constriction follow the operation. He believed that in all cases of areolar hyperplasia the knife or scissors were far preferable to the galvano-cautery, since a greater reaction, which was very desirable in such cases, was apt to follow their use.

DR. DALTON then read a report of the examination of thirty-two sets of ovaries, examined with a view of ascertaining the relations existing between the corpora lutea of menstruation and those of pregnancy. He considered that the corpus luteum had a very close connection with the process of menstruation. He had found that it attained its maximum growth twelve days after the termination of the menstrual period. In those cases of suspended

menstruation there were found in some cases corpora lutea, but they were much smaller, both in size and weight, showing, he thought, that the act of menstruation had a very marked influence on the growth of the corpora. He touched very briefly on the difference found between the corpora lutea of normal menstruation and those of pregnancy, stating that he had not in any way materially changed his views on this point. The paper was illustrated with colored drawings and models, and was of great interest.

The next paper was by DR. LYMAN, on Dilatation of the Cervix Uteri as an Efficient Means of arresting Metrorrhagia.

Dr. Lyman remarked that dilatation for diagnostic purposes was sufficiently common, but reported five cases of different types of metrorrhagia in order to call attention to the use of dilatation not merely as a means of diagnosis but as a direct method of treatment. He thought that the result in those cases justified him in the suggestion that possibly we have been too ready to substitute cause for effect, and that the strangulation at the inner os may have been the primary element in the production of hypertrophy of the mucous membrane of the body, and that the practical point for inquiry is whether the real cause of metrorrhagia in all cases, whether of hypertrophy, hyperplasia, fibroid growths, etc., is not to be found in some peculiar condition of morbid innervation of the cervix, which strangulates the circulation, and the removal of which strangulation by laminaria tents arrests the flow as decisively as the removal of the bandage after venesection.

DR. STORER said he had seen two such cases which had been entirely relieved by the dilatation.

DR. WILSON believed that the arrest of the hæmorrhage was due to a compression of the mucous membrane, although it was possible that the constriction of the internal os may explain the hæmorrhage in part.

The paper was still further discussed by DRs. SMITH, GOODELL, and TRENHOLME.

DR. SKENE then read a paper on *The Principles of Gynecological Surgery as Applied in Obstetric Operations*. His object was to bring before the society for discussion the advantage of using some of the implements and methods belonging to gynecology in the practice of obstetrics. He considered that with the use of the speculum the operation of craniotomy could be performed in a much more skillful and surgical way, as the operator could be better able to see what he was doing, and would be much less likely to injure the soft parts of the mother, while at the same time the patient would be subjected to much less pain and inconvenience. He now always, in craniotomy, used Sims's speculum, and took small pieces of the cranium away after having first perforated with a Braun's trephine. When it was necessary, even the whole child might be taken away in pieces without any fear of injury to the mother. He also recommended its use in those cases in which a dilatation of the cervical canal is desired, and always applied Barne's dilators in this way. In cases of prolapse of the cord, and indeed in most cases of obstetric operations, he thought the use of Sims's speculum of great advantage.

The paper was briefly discussed by DRs. NOEGGERATH, LUSK, and REYNOLDS.

MAY 31st. DR. ENGELMANN read a report of Progress on the Microscopical Appearances of the Dysmenorrhœal Membrane.

DR. LUSK read a paper on the Necessity of Caution in the Employment of Chloroform during Labor. He protested strongly against the popular idea that the administration of chloroform in obstetric practice was absolutely free from danger. In all cases in which a profound anæsthesia was produced by the administration of chloroform, the uterine action was weakened, and in some cases entirely suspended. It was extremely dangerous to continue the administration of the chloroform after the termination of the third stage, since in such cases there is great risk of a dangerous hæmorrhage taking place. He believed that sudden death from the action of the chloroform on the heart was as liable to occur in obstetric practice as in cases of surgical operations.

DR. WILSON dissented from the views of the writer as to the danger of using chloroform in obstetric cases.

DR. SMITH thought that chloroform was to be preferred to ether in those cases in which a rapid anæsthesia is desired.

The president, DR. FORDYCE BARKER, then delivered the annual address. After alluding to the work of the society during the past year and congratulating the fellows on the prospects of the future, he paid a touching tribute to the memory of Drs. Simon and Buckingham, who had died since the last meeting. The most striking progress in gynecology during the last fifty years he considered had been in the perfecting of our methods of physical diagnosis and surgical operations. Owing to the brilliancy of surgical gynecology, medical gynecology has naturally been left in the background. Ovariotomy is conservative surgery in the highest sense of the word. One of the objects of the society should be to protect the public from all hasty surgery. A strong probability, based upon scientific knowledge, that some good will follow will alone justify a surgical interference. Ethical discussions may not be in place in the society, but yet it should be one of the objects of the society to uphold a high standard of ethics. Many facts bearing upon the normal disposition of the uterus as regards the adjacent tissues are already well established, but the part played by each adjacent tissue in keeping the organ in its normal relation to other organs, and in replacing it when physiologically or temporarily displaced, is yet to be determined. The fact that since 1845 one hundred and two new pessaries have been invented shows how little the subject of uterine flexions and displacements is understood. How little are the relations between the uterus and other organs of the body understood? It is well known that the extremes of flexion may exist without any serious inconvenience. In cases of extreme flexion conception probably takes place from twenty-one to twenty-seven days after the last menstruation. It seems to be now well established that flexions in virgins cause no symptoms except a slight dysmenorrhœa. In some married women, in whom a flexion exists, all the uterine functions are found to be normal. In married women, however, these flexions may give rise to serious disturbances. All mechanical treatment in these cases is unsafe and useless, unless all other pathological conditions are first relieved. Cases of laceration of the cervix are always attended with more or less sub-

involution, and the treatment which completes the involution will do much towards relieving the eversion. The whole gist of what is known as Battey's operation is whether the symptoms complained of may not be removed by other treatment. It is now known that psychical remedies may cure the symptoms in some cases; may not other remedies be yet discovered which will remove the symptoms in others?

On motion of DR. GOODELL a vote of thanks was passed to the president, and the address was referred to the publishing committee.

The secretary then read a paper by DR. VAN DE WARKER, on The Intra-Uterine Treatment of Flexions. The writer most strongly recommended the use of the stem-pessary, and gave a detailed history of the instrument. In all cases it should be so short as not to touch the fundus uteri. The support should be in the vagina and, to a certain degree, self-adjustable to the motions of the body.

DR. CHADWICK showed a new form of pessary, and explained the method of its introduction.

DR. PEASLEE was entirely opposed to the use of stem-pessaries in cases of retroflexion, since the difficulty could be rectified by other methods. In cases, however, of antelexion there was no other way of keeping the uterus in its normal position. There was no danger in the use of the instrument, if properly applied and carefully watched. In all cases the uterus should be allowed a perfect freedom of motion. The instrument used should always be one which can be removed by the patient in case of threatening trouble. He thought that one of the best forms of pessaries in use was that which he had devised, and which was made of tempered whalebone. This will yield in every direction, and readily adapts itself to the desired position.

DR. THOMAS thought that there was always more or less danger in all instruments which were to be left within the uterine canal. He had, in several cases, seen the most serious results follow their introduction. Cases of irreducible antelexion cannot be cured, except by a surgical interference. In cases, however, where it is possible to reduce the antelexion at all, it is usually possible by care to reduce the displacement altogether. He showed the peculiarities of several forms of pessaries which he had devised for different uterine displacements, and explained in detail the methods of their application.

DR. NOEGGERATH believed in the use of stem-pessaries, not so much, however, with a view of curing the dislocation, as of relieving the symptoms. It is not possible to relieve an antelexion by the use of the stem-pessaries. Out of one hundred cases he had seen but three serious accidents follow the use of the stem-pessary. The fact that the patient complains of pain or symptoms of inflammation does not prove that the pessary is the cause of the trouble. The pessary should be introduced only at the patient's house. In cases of dysmenorrhœa the use of the pessary is invaluable. He believed that all cases of antelexion were congenital. The seat of the flexion is where the peritoneum begins to cover the body of the uterus. The pain at the menstrual period does not depend on the narrowing of the cervical canal at the point of flexion. A constriction of the os externum, as well as of the os inter-

num is often accompanied with pain. All operations with the knife which extend to the inner os should be in all cases avoided.

DR. GOODELL thought that there was great danger in the use of intra-uterine pessaries. The pessary should be one half inch shorter than the uterine canal. The instrument should be used at the patient's house. In cases of retroflexion, the best results have followed their use.

DR. SMITH did not believe that anteversion was often *per se* a pathological condition. In retroversion the pessary is of especial value.

DR. ATLEE had recently occupied his time in removing rather than in introducing pessaries. He did not believe that the unpleasant symptoms which were so frequently spoken of could arise from a healthy uterus whatever the flexion or misplacement.

DR. WILSON thought the pessary especially adapted to cases of retroversion. He did not believe at all in the stem-pessary, nor did he believe in a congenital ante flexion. Constipation is the most frequent cause of ante flexion. He believed that the best treatment for dysmenorrhœa and ante flexion consisted in the division of the cervix backwards from the internal to the external os.

DR. BYFORD thought that the pathological condition accompanying a displacement was the primary difficulty, but that the flexion doubtless aggravated the difficulty, and he considered that the plan of internal treatment acted by removing the pathological condition. He had seen the best results follow the use of the slippery-elm bougie. This should be left in position for three to ten hours. By its use no sudden mechanical dilatation is brought about, and an influence on the vascular and nervous system of the uterus is exerted which brings about a most salutary effect.

DR. SKENE said that he was very much puzzled as to which was the best course to pursue, since one of the most learned of the society had been spending over twenty-five years in constructing different forms of pessaries and improving those already made, while another, equally illustrious, had spent his time in throwing aside all the various pessaries which were brought to him by his patients. He thought those cases in which Dr. Peaslee had recommended the use of a stem-pessary, where there was no inflammation, no dysmenorrhœa, and only sterility, were the very cases in which no treatment was needed; he believed in congenital ante flexion, and said that the infantile uterus is so weak that when taken out it is always ante or retro flexed. If dysmenorrhœa were not due to a constriction, as Dr. Noeggerath had denied, he could not see what advantage would follow the use of a stem-pessary. He had tried various forms of pessaries, but had always found great difficulty in keeping them in position. After the pessary is removed he thought the flexion would invariably return. A retroflexion can be easily controlled by the use of what is known as an Albert Smith's pessary.

DR. SMITH did not believe that his pessary would keep all forms of retroflexion in place. He thought the pessary was, as a rule, too much bent.

DR. GARRIGUES, who had just returned from Europe, said that in Denmark pessaries were used but very little. Martin, of Berlin, had never observed bad effects to follow the use of intra-uterine pessaries. Oldhausen, of Halle, used them very often, but had seen very serious effects resulting. Meadows, in

London, used a glass intra-uterine pessary but had seen cellulitis follow its use. At a meeting of the London Obstetrical Society the flexible intra-uterine pessary shown by Dr. Squire had met with marked approval, since it readily adjusted itself to all the movements of the uterus.

DR. PEASLEE thought that the utero-sacral ligaments had nothing to do with retroflexion, as they did not influence the body of the uterus and could affect a case of retroversion only. In order to be of any service a Smith's pessary must be introduced above the angle of flexion.

DR. J. B. S. JACKSON said he had never seen a case of congenital flexion. In infants the uterus is mainly composed of the cervix, the fundus being comparatively undeveloped, and there he did not believe a congenital flexion could exist. Moreover, the arbor vitae extended nearly to the fundus uteri itself.

DR. WILSON confirmed the statements of Dr. Jackson, and said that although he had examined a large number of cases, he had never seen a case of congenital flexion.

JUNE 1st. The annual meeting was held at nine o'clock. The following fellows were elected officers for the ensuing year: Dr. Peaslee was elected president, Dr. Chadwick secretary, and Dr. Mundé treasurer.

DR. GOODELL reported a case of vaginal ovariectomy. He strongly advised the removal of ovarian tumors, while yet very small, per vaginam.

DR. KIMBALL dwelt especially on the importance of the establishment of free drainage. He thought that there was danger of an intestinal hernia in operations through the vagina.

DR. NOEGGERATH had frequently operated by making an incision through the vaginal walls and attaching the walls of the tumor to the lips of the incision, and thus allowing the tumor to be emptied through the vagina.

DR. CHADWICK thought that there was necessarily great difficulty in making out a diagnosis of so small a tumor through the vagina. There was also great danger of having an uncontrollable hæmorrhage when the operation was performed through the vaginal wall.

DR. LUSK gave the details of a case in which death followed the aspiration of an ovarian tumor.

In closing the debate, DR. GOODELL said that the danger of intestinal hernia was largely imaginary. He believed that a microscopical examination of the fluid would greatly aid in making out the diagnosis.

DR. PEASLEE said that Dr. Thomas was the first to plan and execute the operation of vaginal ovariectomy.

DR. BATTEY then discussed at length the question as to whether there was a proper field for the operation known as Battey's operation. He gave the details of two additional cases in which he had removed the ovaries successfully, and challenged any one to produce a single case in which the symptoms for which the performance of the operation was recommended continued after the removal of both ovaries. He summed up his paper with the following propositions:—

- (1.) In those cases of absence of the uterus in which life is endangered, or

the health destroyed by reason of the deficiency, the removal of the ovaries is at once the hopeful and the only means of permanent relief.

(2.) In cases where the uterine cavity or vaginal canal has become obliterated and cannot be restored by surgery, if grave symptoms be present, the removal of the ovaries becomes a last and only resort, and may be hopefully invoked in the case.

(3.) In cases of insanity or confirmed epilepsy, dependent upon uterine and ovarian disease, the operation is justifiable as a last resort and when other means of cure have failed.

(4.) In cases of long-protracted physical and mental suffering, dependent upon monthly nervous and vascular perturbations, which have resisted persistently all other means of cure, the question of a resort to the operation is to be committed to the prudent judgment of the conscientious practitioner in the particular case.

DR. TRENHOLME desired to add to these propositions a fifth, namely, that the operation was called for in cases where a severe and exhausting hæmorrhage occurred with the monthly flow, in support of which he cited two cases in which the operation had been successful.

DR. PEASLEE thought that while the operation was profitable in cases where the menstrual molimen occurred with great suffering, and the mental powers begin to flag, yet it was not justifiable in many of the cases in which Dr. Battey considered it warranted. In women near the menopause, in cases of simple ovarian neuralgia, in cases of long standing, in all cases accompanied by a preceding inflammatory history, in all cases where pain is the chief symptom, he considered the operation unjustifiable.

DR. PARVIN did not think that the results obtained justified the operation, nor did he believe that the operation was possible in all cases for which Dr. Battey considered it indicated.

DR. GOODELL thought that possibly in cases of fibroid tumors of the uterus accompanied with great pain at the menstrual period, and in cases of a prolapsed ovary with acute pain, the operation might afford the desired relief.

DR. SKENE said that since even experts were unable in all cases to assign the cause for an existing epilepsy or insanity, the operation was unjustifiable in these cases. Frequently fibroid uterine tumors and cases of prolapsed ovaries get well of themselves; therefore he did not believe such cases were suitable ones for the performance of the operation.

DR. NOEGGERATH cited two cases in which Professor Hegar, of Freiburg, had successfully performed the operation for the relief of an intra-mural sub-peritoneal fibroid, accompanied by profuse hæmorrhage. The danger of a subsequent peritonitis was lessened the further the incision is made from the umbilicus; hence it is better to operate as near the pubic arch as is possible.

DR. BATTEY closed the discussion.

DR. WILSON strongly advocated, in a paper, the use of a diluted preparation of the subsulphate of iron and glycerine as an antiseptic in the surgery of the pelvis. In cases of operations about the cervix uteri, in intra-uterine fibroids, hæmorrhoids, fistula in ano, or fungous vegetation, this use of iron as an antiseptic is followed by the best results.

DR. PARVIN reported a case in which tetanus had followed the removal of an ovarian tumor the fifth day after the operation.

DR. KIMBALL related a case in which the same fatal results had happened the twelfth day after a similar operation.

DR. CHADWICK gave the details of a case in which tetanus followed, on the seventh day, the removal of the uterus for a large fibroid.

DR. BATTEY alluded to a case in which a fatal tetanus had followed an abortion at the third month.

DR. ATLEE read the account of several cases of uterine sarcoma.

DR. ENGELMANN questioned whether these were not cases of carcinoma, and not sarcoma, and in this opinion he was confirmed by Dr. Peaslee.

DR. LYMAN offered a series of resolutions on the death of Dr. Buckingham.

DR. BARKER then delivered a farewell address, and presented to the fellows the new president, Dr. Peaslee, who made a short address on assuming the office.

On motion of Dr. Smith a vote of thanks to Dr. Barker, the retiring president, was unanimously adopted, and at five o'clock the society adjourned to meet in Philadelphia the second week in September of 1878.

DOBELL ON COUGHS, CONSUMPTION, AND DIET.¹

THIS little volume contains in small compass the substance of Dr. Dobell's lectures on the various pulmonary affections and their treatment, and finally some chapters on Diet in Disease. The first part of the book is devoted to the diagnosis of lung diseases, and the great difficulties which the practitioner may meet with in forming a positive opinion with regard to the presence or absence of early phthisis, are forcibly laid down. The author says: "In examining such cases in private practice, impressed with their deep social import, foreseeing the shadow that will be cast over the life of the patient, the gloom of apprehensive anxiety over that of his friends, if the judgment is adverse, and, on the other hand, the bright hopes that will be reinstated if it is favorable, the physician's heart may well sink despondently within him, when he reviews the evidence from which that signal judgment must be formed. . . . This absence of reliable signs of the earliest stage of tubercular deposit cannot be too forcibly impressed upon the young practitioner, who, with creditable zeal, is too apt to think, and naturally prone to hope that by sufficient diligence, experience, and care, he may insure that no tubercle shall escape his searching examination. In this belief he will be often led to fancy that he has detected the presence of tubercle where it does not exist, and to assume its absence while it really lies concealed. This is the great disappointment which every man has to encounter who studies and practices physical diagnosis. . . . If physical diagnosis could detect consumption as soon as the first few spots

¹ *On Coughs, Consumption, and Diet in Disease.* By HORACE DOBELL, M. D., F. R. M. C. S., etc. Consulting Physician to the Royal Hospital for Diseases of the Chest. London, etc. Philadelphia: D. G. Brinton. 1877.

of tuberculous matter were deposited in the lung, with the same certainty that it detects pneumonia or a cavity, we might well be content to sacrifice for this all that it could do besides. But that it cannot in its present state accomplish this, and that there is no good reason to suppose that it ever will accomplish it, need surprise no one who will think calmly on the subject."

Then follows a careful estimate of the value of the different modifications of the respiratory sounds, and of the import of symptoms, especially of hæmoptysis. From the strict examinations of one hundred cases of hæmoptysis in *males*, the author concludes that hæmorrhage is, in a large number of cases, a symptom of disease of constitutional origin; in many other cases the result of congestion in the course of diseases of local origin, and in a certain proportion of cases the result of accident, from the temporary over-distention of blood-vessels.

It is said that "as a *cause* of lung disease and constitutional decline, hæmoptysis is considered to be one item, and that a very occasional one, in a large and important group, embracing *all foreign substances which find their way into the perivascular and perialveolar tissue* of the lungs, and by their irritation there, set up lymphatic (adenoid) and connective tissue cell proliferation and its consequences. . . . The disintegrated albuminoid tissue is the irritant which sets up that hyperplasia of adenoid tissue and its results so well described by Portal, Virchow, Sanderson, and Rindfleisch." Whether the disintegrated albuminoid tissue or the resulting diseased adenoid tissue shall be called "tubercle," is regarded as of little moment, provided the distinction in the order of events is borne in mind. Indeed, it appears questionable how far the advances during recent years in the knowledge of the pathological anatomy of the lungs, with the more accurate nomenclature of the various conditions found after death, can yet be utilized by the every-day practitioner, or even by the clinical teacher.

The different forms of winter cough are considered at length, also post-nasal catarrh; and special attention is called to ear-cough, which is excited in certain individuals by irritation of the external auditory meatus. This sympathetic phenomenon is attributed to a hyperæsthetic condition of the auriculo-temporal branch of the inferior maxillary division of the fifth nerve which is in close proximity to the vagus in the floor of the fourth ventricle, whence the reflected sensation is transmitted to the larynx. In most cases this susceptibility is probably a congenital peculiarity.

With regard to treatment the author premises that "the treatment of diathesis is the secret of therapeutic success." Artificial respiration is recommended in some extreme cases as a means of prolonging life, and in certain instances of disease confined to a small area of one or both lungs, Dr. Dobell has found benefit from localized rest acquired by means of lung splints or bandages. The respiratory brace described by Dr. French in a recent number of the *JOURNAL* appears, however, to promise greater relief in exhausting lung affections than any other device of which we know.

The usual therapeutic resources are detailed, and a chapter is devoted to pancreatic emulsion, which Dr. Dobell first brought to the attention of the profession, and which is now recognized as a valuable substitute for cod-liver oil. The only objection is its cost.

The book closes with some practical chapters on diet in consumption, diabetes, and other wasting diseases. The volume is well printed and in every respect readable.

DUHRING'S ATLAS OF SKIN DISEASES.¹

THE second part of Dr. Duhring's Atlas appears after a longer interval than was foreseen by the publishers, owing to the unlooked-for difficulties attending the reproduction of the portraits. This delay has been, however, in the interest of its patrons, for the artist's work is a decided improvement in all points upon that of the first part. The picture of acne rosacea presents with great fidelity all the multiple appearances of this complex disorder, and with its brilliant tints offers a striking contrast to the monochromatic representation of ichthyosis which follows; a most difficult subject well executed. Tinea versicolor, too, is an affection by no means easily illustrated upon a flat surface, but the artist has succeeded in giving the peculiar tint and outlines of the patches of fungous growth in a very characteristic manner. The last plate, a portrait of sycosis non-parasitica, is wonderfully well done, and should fix unmistakably in the observer's mind the essential features of a disease often difficult to distinguish from other affections of the bearded portion of the face.

The author's text, which accompanies the plates, is of the same character as in the preceding part: a brief clinical history of the case, a clear and short description of the prominent features of the disease, with practical directions as to treatment. The Atlas furnishes admirable means of illustrating his recent work on general dermatology, but by itself will constitute quite a complete treatise on skin diseases. It deserves the most liberal patronage of our profession.

DR. BOWDITCH'S ADDRESS.

THE address which we publish to-day is, we think, very interesting reading as the expression of the views of a devoted friend of the association; but as all who know Dr. Bowditch were prepared to expect, this is no speech of empty compliment; he sees the defects of the association, and he mentions them plainly and fairly. Nothing is glossed over, as it evidently was Dr. Bowditch's intention, when he undertook the work, to go to the root of the matter. The reasons which Dr. Bowditch gives near the beginning of the address for the association's loss of prestige might be still further condensed. They are, practically, that the best men do not go, and that the work is of a low grade. The establishment of a judicial council has done a great deal to harmonize and elevate the tone of the association, so that violent discussions of points of order and personal attacks are now done away with. The main criticism, therefore, is as above stated, and it may be still further shortened into the plain statement that in the minds of many the association "does not

¹ *Atlas of Skin Diseases.* By LOUIS A. DUHRING, M. D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania; Physician to the Dispensary for Skin Diseases, Philadelphia, etc. Part II. Philadelphia: J. B. Lippincott & Co.

amount to much." That this has been true is undoubted, but we are glad to believe that a change is in progress which will put the association, if it has not already, above this criticism. Dr. Bowditch's suggestions for reform are excellent. In one point we would go even further than he does. Societies are now entitled to one delegate for every ten members. Dr. Bowditch proposes that they should be to one for every twenty or thirty; we would have it not over one for fifty. It is worth while to consider whether it might not also be well to add a regulation as to age, permitting no one under forty to be a delegate; in this way the office would be considered an honor to look forward to instead of a trifle to be had for the asking.

The proposal to forbid the use of any intoxicating drink at all social gatherings in which the members of the association take part somewhat surprises us, for we had looked on Dr. Bowditch as the apostle of beer and light wine, of temperance, in a word, as opposed to prohibition. It seems to us that the best example the association can set is that of moderation in conviviality, and that if it cannot partake of wine without such a display as was witnessed in Boston Harbor in 1865 it is a conclusive proof that the association is not formed of the proper material.

The two most important questions of policy which come up for consideration are the proposed union of the association with that of Canada and the assuming the publication of the *Pharmacopœia*. Dr. Bowditch, without absolutely committing himself, leaves us to infer that he is favorable to the former and averse to the latter proposition. There is, no doubt, something to be said for the union of our association with that of Canada, but the countries are different in so many respects that we fear the objections are insuperable. Indeed, we cannot see how a union can be formed, unless it is definitely stated that it is solely for scientific purposes, for it is not likely that the profession of either country would submit to dictation concerning ethics, education, etc., from a body composed partly of strangers. We think Dr. Bowditch's proposition to defer all action on the *Pharmacopœia* till the matter has been further considered a very wise one, and we have no doubt it will be carried, unless, indeed, the whole matter is laid on the table.

MEDICAL NOTES.

—The fifth session of the International Medical Congress will take place in the coming autumn, from the 9th to the 15th of September, 1877, at Geneva. The committee of organization is composed as follows: president, Professor C. Vogt; vice-president, Dr. H. Cl. Lombard; general secretary, Dr. Prévost; adjunct secretaries, Dr. d'Espine and Dr. Reverdin; members, Drs. Dunant, Fiquière, Juillard, Odier, and Revilliod. The proceedings will be carried on in French, but members will be allowed to speak in other languages. The report of the proceedings, conclusions, etc., will be published in French and in German. The work of the congress will be divided into six sections, of which the programme will be as follows: Section I. Medicine. (1.) Ulcerations of the Stomach, Professor Lebert. (2.) Parasitic Affections of the Skin, Professor Hardy (of Paris). (3.) Etiology of Typhoid Fever,

Dr. Bouchard (of Paris). (4.) Treatment of Pyrexia by Baths, Dr. de Cévenville (of Lausanne). (5.) Ingrafted Tissues, Professor Zahn (of Geneva). (6.) Tracheotomy in Croup, Professor Revilliod (of Geneva). (7.) Universal Pharmacopœia, Professor Gille (of Brussels). Section II. Surgery. (1.) The Hæmostatic Method of Esmarch, Professor Esmarch (of Kiel). (2.) Mutual Influence of Pregnancy and Traumatism, Professor Verneuil (of Paris). (3.) Treatment of Ozæna, Dr. Rouge (of Lausanne). (4.) Final results of Resections of Joints, Dr. Ollier (of Lyons). (5.) Galvano-Cauterization, Dr. Juillard (of Geneva). (6.) Means of Transport for Wounded in War. (7.) Fistulæ of the Penis, Professor Reverdin (of Geneva). Section III. Midwifery, Gynæcology. (1.) Placental Souffle, Dr. Rapin (of Lausanne). (2.) Artificial Feeding of Infants, Professor Zweifel (of Erlangen). (3.) Anæsthesia during Labor, Dr. Piachaud (of Geneva). (4.) The growth of Infants, and its Variations, Dr. Odier (of Geneva). (5.) Pseudo-Membranous Dysmenorrhœa, Dr. Gautier (of Geneva). Section IV. State Medicine. (1.) Influence of Alcoholism upon Mental Diseases, Dr. Magnan (of Paris). (2.) Adulteration of Alcoholic Beverages, Dr. Guillaume (of Neuchâtel). (3.) Medical Geography, Dr. Lombard (of Geneva). (4.) Influence of Immigration upon Urban Populations, Professor Dunant (of Geneva). Section V. Biology. (1.) The Electrical Apparatus of the Torpedo, Professor Marey (of Paris). (2.) Cerebral Localizations, Dr. Broadbent (of London). (3.) Physiology of Sleep, Professor Preyer (of Jena). (4.) Entozoa of Man, Professor Vogt (of Geneva). (5.) Functions of the Spleen, Professor Schiff (of Geneva). (6.) Histology and Physiology of the Ovum, Dr. Fol (of Geneva). (7.) Physiological Antagonism of Drugs, Professor Prévost (of Geneva). Section VI. Ophthalmology, etc. (1.) Enucleation of the Eyeball in Sympathetic Ophthalmia, Dr. Warlomont (of Brussels). (2.) Causes and Prevention of Myopia, Dr. Haltenhoff (of Geneva). (3.) Examination of the Eyesight, Dr. Fol (of Geneva). (4.) Tenotomy of the Tensor Tympani, Dr. Colladon (of Geneva).

COMPARATIVE MORTALITY-RATES FOR THE WEEK ENDING MAY 26, 1877.

	Estimated Population, July 1, 1877.	Total Mortality for the Week.	Annual Death-Rate per 1000 for the Week.	Death-Rate for the Year 1876.
New York	1,077,228	488	23.56	27.46
Philadelphia	850,856	335	20.47	22.88
Brooklyn	527,830	178	17.54	24.31
Chicago	420,000	126	15.60	20.41
Boston	363,940	137	19.58	23.39
Providence	103,000	34	17.16	18.34
Worcester	52,977	14	13.74	22.00
Lowell	53,678	10	9.69	22.21
Cambridge	51,572	18	18.15	20.54
Fall River	50,370	8	8.26	22.04
Lawrence	37,626	8	11.06	23.32
Lynn	34,524	12	18.07	21.37
Springfield	32,976	6	9.46	19.69
Salem	26,739	10	19.45	23.57